

OFFICIAL

ATTACHMENT 2.6-A
Page 23a

ILLINOIS

Citation	Condition of Requirement
	Item 10 on Page 23 of Attachment 2.6-A is replaced by the following Item 9:
Section 1902(r)(2) of the Act	<p>10. Excess Resources - Categorically Needy, and Qualified Medicare Beneficiaries.</p> <p>The method(s) described below are used in handling resources in excess of the state's resource standards.</p> <p>a. Qualified Medicare Beneficiaries</p> <p>Any excess resource makes the individual ineligible.</p> <p>_____ This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p> <p>b. Categorically Needy</p> <p>_____ Any excess resource makes the individual ineligible.</p> <p>_____ This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p> <p><u>X</u> Excess resources are treated as described in d.</p> <p>c. Medically Needy</p> <p>_____ Any excess resource makes the individual ineligible.</p> <p><u>X</u> Excess resources are treated as described in d.</p>

TN No. 91-32

Approval Date 2-19-92

Effective Date 10-1-91

Supersedes TN No. 89-10
(Att. 2.6-A, Page 17a)

ILLINOIS

Citation	Condition or Requirement
	d. <u>X</u> The following applies to all groups except for persons who are <u>not</u> receiving benefits under the program of Aid to Families with Dependent Children but who are deemed or considered to be recipients of such benefits under sections 406(h), 473(b), and 482(e)(6) of the Act.
	If countable resources exceeds the eligibility level, the agency deducts the following incurred expenses in the following order:
	1) Health insurance premiums, deductibles, and coinsurance charges.
	2) Expenses for necessary medical and remedial care not included in the plan.
	3) Expenses for necessary medical and remedial care included in the plan.
	<u>X</u> Reasonable limits on amounts of expenses deducted from resources under d 2) and d 3) above are listed below.

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(Att. 2.6-A, Page 17b)

ILLINOIS

Citation	Condition or Requirement
	Expenses must be verified to be medically necessary, i.e. administered, provided or prescribed by a professional medical provider. Over the counter drugs/items are allowed only when ordered by a physician. Medical transportation provided by the client is recognized at 19 cents per mile.
e. <u>X</u>	For persons who are <u>not</u> receiving benefits under the program of Aid to Families with Dependent Children but who are deemed or considered to be recipients of such benefits under sections 406(h), 473(b), and 482(e)(6) of the Act, if countable resources exceeds the eligibility level, Title XIX eligibility does not exist.

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(Att. 2.6-A, Page 17c)

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State: ILLINOIS

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p>___ Aged, blind, disabled. ___ AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p>___ Aged, blind, disabled. ___ AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p>

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TN No. 89-8 & 87-15

(Att. 2.6-A, Pages 21 and 22)

HCFA ID: 7985E

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOIS

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<p><u>X</u> (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><u>X</u> 12 months</p> <p>___ 6 months</p> <p>___ months (no less than 6 months and no more than 12 months)</p>

TN No. 92-18
Supersedes
TN No. 91-32

Approval Date 6-5-92 Effective Date 1-1-92

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ILLINOIS

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A</u>.</p>

TN No. 91-32

Supersedes

TN No. 87-15

(Att. 2.6-A, Page 24)

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